

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-475)

SERIAL NO. **10/019287**

FILED DATE

APPLICANT(S)

**214/01 - CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	REQ.	DEP.	REQ.	DEP.	REQ.	DEP.
1						
2						
3						
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12		3		3		3
13		6		6		6
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26						
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28						
29						
30						
31		0		2		0
32		12		3		0
33		3		3		0
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47						
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49						
50						
TOTAL REQ.	7	0	9	0	13	0
TOTAL DEP.	47	0	12	0	25	0
TOTAL REQ. & DEP.	54	0	21	0	38	0

	1		2		3	
	REQ.	DEP.	REQ.	DEP.	REQ.	DEP.
51						
52						
53						
54						
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97						
98						
99						
100						
TOTAL REQ.	0	0	4	0	0	0
TOTAL DEP.	0	0	34	0	0	0
TOTAL REQ. & DEP.	0	0	38	0	0	0

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

9.8